

May 29 20, 06:11p PlatinumTransportation

803-251-9409 p.2

May 26 20, 08:17p PlatinumTransportation

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**STATE OF SOUTH CAROLINA**

**(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**Application for Class C Stretcher Van Certificate  
from Platinum Transportation Services, LLC dba  
Platinum Express Transport**

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET  
NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** Willie Funnys

**Telephone:** 803-774-5580

**Address:** 515 Board Street Ste 101

**Fax:** 803-251-9409

**Other:** 803-236-4344

Sumter, South Carolina 29150

**Email:** willbfunn@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |                                                                                                                                           |                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Application - Class A/A Restricted                                                                               | <input type="checkbox"/> Request for Name Change on Certificate       |
| <input type="checkbox"/> Application - Class C Taxi                                                                                       | <input type="checkbox"/> Request to Amend Scope of Authority          |
| <input type="checkbox"/> Application - Class C Charter                                                                                    | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc) |
| <input type="checkbox"/> Application - Class C Charter Bus                                                                                | <input type="checkbox"/> Request to Amend Passenger Limit             |
| <input type="checkbox"/> Application - Class C Non-Emergency                                                                              | <input type="checkbox"/> Request                                      |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van                                                                   | <input type="checkbox"/> Exhibit                                      |
| <input type="checkbox"/> Application - Class E Household Goods                                                                            | <input type="checkbox"/> Late-Filed Exhibit                           |
| <input type="checkbox"/> Application - Class E Hazardous Waste                                                                            | <input type="checkbox"/> Letter                                       |
| <input type="checkbox"/> Application                                                                                                      | <input type="checkbox"/> Proposed Order                               |
| <input type="checkbox"/> Request for Extension to Comply with Order                                                                       | <input type="checkbox"/> Publisher's Affidavit                        |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                           |
| <input type="checkbox"/> Request for Cancellation of Certificate                                                                          | <input type="checkbox"/> Response                                     |
| <input type="checkbox"/> Request for Suspension                                                                                           | <input type="checkbox"/> Return to Petition                           |
| <input type="checkbox"/> Request for Reinstatement                                                                                        | <input type="checkbox"/> Other: _____                                 |

**RECEIVED**  
JUN 02 2020  
PSC SC  
CLERK'S OFFICE

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN

Date: 2-14-2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provisions of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Platinum Transportation Services, LLC dba Platinum Express Transport  
 Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)  
515 Board Street Suite 101, Sumter, South Carolina 29150  
 Street Address of Applicant  
Mailing Address of Applicant (if different from street address)  
803-774-5580 803-251-9409  
 Phone Fax  
willbfunn@gmail.com  
 Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)  
☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

LLC the Certificate of Existence is attached  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles	15,000	Loans Owed on Motor Vehicles	
Cash on Hand	3,500	Business/Other Loans Owed	46,000
Cash in Bank	4,000	Other Liabilities or Debts	
Value of Other Assets and Equipment	51,000	Total Liabilities	46,000
Total Assets	73,500		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

\$180.00 per trip

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |                                               |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |                                               |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |                                               |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |                                               |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
FORD	2008 / E355	1FBSS31L88DA63630	5200	X

ACCEPTED FOR PROCESSING - 2020-06-23 4:49 PM - SCP-SC - 2020-143-T - Page 5 of 13

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**INSURANCE QUOTE**This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

The following insurance quote is for:

Platinum Transportation Services, LL dba Platinum Express Transport

Name of Applicant

515 Board Street Ste 101, Sumter, South Carolina 29150

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 1,000,000.00

The above quoted premium is for a term of 945.00 months.

*See attached info*

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000
Medical Payments per Person	\$ 1,000

Rivington Insurance Servicess LLC

Name of Insurance Company

PO Box 31001-2660, Pasadena, CA 91110-2660

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

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## PlatinumTransportation

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5/29/2020

**Gmail - Quote**



**Willie Funnye <willbfunn@gmail.com>**

## Quote

2 messages

**Willie Funnye** <willbfunn@gmail.com>

Fri, May 29, 2020 at 1:31 PM

To: [rmueller@hemlyins.com](mailto:rmueller@hemlyins.com)

Good Afternoon Ron

Can you send us a formal quote for adding the additional stretcher vehicle.

Thanks,

# Delores

END

515 Broad Street Suite 101

Sumter, SC 29150

803-774-5550 or 888-526-9190

**rmueller@hemlyins.com**

<rmueller@hemlyins.com>

To: Willie Funnye <willbfunn@gmail.com>

Fri, May 29, 2020 at 1:50 PM

Delores,

I did not receive a formal quote from Rivington, but rather an email with instructions on how to add and that it would be \$1,000 additional premium.

Based on the initial quote of \$11,212.75 per van, the rate per stretcher van would be \$12,212.75, prorated over the number of months remaining in the policy year.

Let me know if you need anything else. Thank you!

Best regards,

## Ron Mueller

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5/29/2020

Gmail - Quote

General Manager  
Hemly Insurance Group  
rmueller@hemlyins.com  
P.O. Box 1241  
Mauldin, SC 29662  
P: (864) 436-0010  
F: (864) 551-2141

Please remember that coverage cannot be bound, amended or cancelled via the voice mail system. You cannot bind, alter, or cancel coverage without speaking to an authorized representative of Hemly Insurance Group, LLC. Coverage cannot be assumed to be bound without written confirmation from an authorized representative of Hemly Insurance Group, LLC.

This e-mail and any attachments are intended only for the individual or company to which it is addressed and may contain information which is privileged, confidential and prohibited from disclosure or unauthorized use under applicable law. If you are not the intended recipient of this e-mail, you are hereby notified that any use, dissemination, or copying of this e-mail or the information contained in this e-mail is strictly prohibited by the sender. If you have received this transmission in error, please return the material received to the sender and delete all copies from your system. Recipients should be aware that all emails exchanged with the sender are automatically archived and may be accessed at any time by duly authorized persons and may be produced to other parties, including public authorities, in compliance with applicable laws.

**HEMLY**  
INSURANCE GROUP

[Quoted text hidden]



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**Exhibit Fit, Willing, and Able (FWA)**

Name \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes
 ☒ No
 ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory
 ☐ Conditional
 ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes
 ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes
 ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes
 ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes
 ☐ No

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**Exhibit on Driver and Assistant Driver Qualifications**

1. Applicant has read and understands Commission Regulation 103-133(8).

☒ Yes ☐ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

☒ Yes ☐ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

☒ Yes ☐ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

☒ Yes ☐ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

☒ Yes ☐ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

☒ Yes ☐ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

☒ Yes ☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Walter Dumas  
Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Sumter )

SWORN TO BEFORE ME

This 26<sup>th</sup> day of May, 2020

Notary Public

Commission Expires

12/7/2027

Print Application

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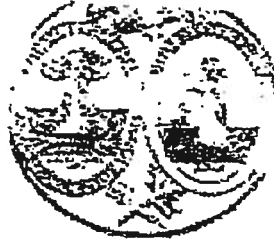
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# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

PLATINUM TRANSPORTATION SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 6th, 2009, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 7th day of January,  
2009

A handwritten signature of Mark Hammond in black ink.

Mark Hammond, Secretary of State

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*Office of Regulatory Staff  
Columbia, South Carolina*

PSC Docket No. 2009-456-T  
PSC Order No. 2009-830  
PSC/ORS Certificate No. 8206

**CLASS C  
NON-EMERGENCY**

**Certificate of Public Convenience and Necessity  
For the Operation of  
MOTOR VEHICLE CARRIERS**

**NAME:** PLATINUM TRANSPORTATION SERVICES, LLC DBA PLATINUM EXPRESS TRANSPORT  
**ADDRESS:** 515 BROAD STREET, SUMTER, S.C. 29150

is hereby authorized to furnish passenger service, by means of motor propelled vehicles, as follows:

**BETWEEN POINTS AND PLACES IN SUMTER, CLARENDON, LEE, KERSHAW, AND CALHOUN  
COUNTIES, SOUTH CAROLINA**

**RESTRICTED TO SEVEN (7) PASSENGERS**

**THIS CERTIFICATE** is issued upon finding by the Commission, that Public Convenience and Necessity require such operation, under the terms of the Motor Vehicle Carriers' Law (Sections 58-23-10 – 58-23-60 of the South Carolina Code of Laws, 1976, and amendments thereto), and,

**CONDITIONED:** That all motor vehicles operated by virtue of this Certificate shall be so operated in accordance with the said Motor Vehicle Carriers' Law and the Rules and Regulations issued thereunder, and,

**CONDITIONED FURTHER:** That neither this Certificate nor the rights granted herein shall be sold, assigned, leased, transferred, mortgaged, pledged, or otherwise hypothecated, unless first approved by the Commission.

DATED at Columbia, South Carolina, this 23rd day of DECEMBER A.D., 2009.

Dawn M. Hipp, Director  
Transportation, Telecommunications